

## SBDM Nomination Form

We are currently accepting nominations for a parent representative to serve one year on the School Based Decision Making Council at ----- School. Any parent with a child attending ---- School during the 2015-2016 school year is eligible to run for SBDM. SBDM representatives are required to attend a training session (six-hours for a new member/ three-hours for an experienced member) and monthly meetings.

If you would like to nominate a candidate for SBDM please complete this form and return it school by May 13, 20XX.

Elections will be held at Hope School on May 14, 20XX between the hours of 8 am and 7 pm.

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I would like to nominate \_\_\_\_\_ as a candidate for SBDM at ----- School. He/She is the parent of \_\_\_\_\_.  
Please provide a brief summary of your candidates qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
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I certify that I am the parent or guardian of (student) \_\_\_\_\_ who will be attending ----- School during the 20XX-20XX school year. I am neither an employee nor a relative\* of an employee of XXXX School, nor the XXXX County district administrative office(s). Additionally, I am not a board member, nor a board member's spouse. I do not have a business interest with the district nor XXXX School. If elected, I agree to serve on the XXXX School SBDM Council. Pursuant to KRS 160.380, I understand that I will need to submit to a national and state fingerprinted criminal background check within thirty days of taking office.

*\*Relative is defined, pursuant to KRS 160.380 (1)(b), as father, mother, brother, sister, husband, wife, son, daughter, aunt, uncle, son-in-law and daughter-in-law.*

\_\_\_\_\_  
Nominee's Signature

\_\_\_\_\_  
Date